

# EXHIBIT A

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## TO ALLSTATE'S NOTICE OF REMOVAL

### SWORN STATEMENT IN PROOF OF LOSS

Allstate Vehicle and Property Insurance Company  
Policy Number: 000826041380

Claim Number: 0637058124  
Insured: MARK MESSER

The Undersigned declares: Allstate Vehicle and Property Insurance Company issued to MARK MESSER at 25 W ORCHARD AVE LEBANON, OH, 450362107 Its policy number 000826041380, insuring against loss by: Fire as specifically provided in its policy. The loss occurred at the following location:

25 W ORCHARD AVE, LEBANON, OH, FF ZipCode

1. That a loss by Fire occurred around the hour of 12 AM / PM, on August 14, 2021. Please describe how the loss occurred:  
fire

2. This building and/or property described was occupied by: Messer Family for the purpose of

Personal residence  
 Rental Property  
 Commercial or other business property

3. At the time of the loss, please list the party or parties who hold a financial interest or title to the property structure  
(Example: Owner, Lessee, Purchaser, Mortgagee, Seller, Tenant, etc.):

Name	Interest	Phone Number
Mark Messer	Owner	513-763-0706

4. Since this insurance policy went into effect, there has been no assignment or change of interest, use, occupancy, possession, location, or exposure of the property described? ( ) Yes ( ) No If yes, please list:

5. At the time of the loss, total dollar amount of insurance for this property was \$ 289,381 House 217,036 Contents

6. Are there any other policies or other contracts of insurance for this loss? ( ) Yes ( ) No If yes, please list:

7. At the time of the loss the Actual Cash Value of personal contents claims is: \$ Cap.

8. The total amount of damages to the structural property for this loss is: \$ Cap.

9. The Amount Claimed for all damages (combined total of 7 & 8) and any other damages relative to this property under this policy is: \$ 506,417.

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### AUTHORIZATION

Pursuant to this document (or a Photocopy), I hereby authorize:

Credit bureaus, consumer reporting agencies, financial institutions, governmental agencies (including law enforcement agencies and the Department of Motor Vehicles), fire department, auto repair/maintenance facilities, auto dealerships, insurance company representatives, utility companies, public and private employers, and employees of any of the above, to furnish to:

Allstate Vehicle and Property Insurance Company, its affiliates, and their employees, agents, representatives, or attorneys, all information regarding:

- Mortgage Records
- Finances or installment purchases
- Auto, Property and Liability claim history
- Police, traffic or accident reports\*\*
- Any and all insurance records and purchases
- Utility records/billing statements

\*\*Police records mean: traffic, accidental reports, including personal or public records retained by any law enforcement agency relating to criminal arrests or convictions.

This Authorization is relative to a loss involving Property which occurred on or about August 14, 2021, and is used exclusively to investigate any and all aspects of this loss or matters pertaining thereto.

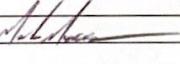
By signing this authorization, I acknowledge Allstate Vehicle and Property Insurance Company does not waive any of the policy terms, conditions, exclusions or limitations by investigating this loss.

If the claim involves a property loss, I also give Allstate Vehicle and Property Insurance Company, its affiliates, and its employees, agents, representatives and attorneys full permission to enter the premise where the loss occurred for the purpose of conducting any investigation deemed necessary by the Company. This Authorization includes permission to photograph and remove any item or material from the premises for any reason relevant to the investigation of the loss as determined by the Company.

**This authorization is valid for the duration of the claim.**

I understand that I may receive a copy of this authorization upon request.

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

SIGNATURE: Mark Messer 	SOCIAL SEC NO: 288888953
PRINT NAME: Mark Messer	DATE OF BIRTH: 03/09/1984
BY:	ADDRESS: 25 W Orchard Ave
DATE: 10/12/21	CITY, STATE, ZIP: Lebanon, Ohio 45036

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I confirm the cause of this loss was not perpetrated through any action, design, or procurement by the insured or by this affiant, nothing has been submitted without the knowledge of the insured or this affiant to violate the conditions of the policy or cause the policy to become void; this Proof of Loss represents the whole claim and no property has been saved or has in any manner been concealed, and no attempt to deceive Allstate Vehicle and Property Insurance Company as to the extent of this loss has in any way been made. Any other information that may be required will be furnished and considered a part of this proof.

*By providing me with this Proof of Loss, I acknowledge Allstate Vehicle and Property Insurance Company does not waive any of the policy terms, conditions, exclusions or limitations it may have under the provisions of the policy.*

*Once the Proof of Loss is completed, signed and notarized, we recommend that you retain a copy for your personal records.*

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Executed in the OHIO \_\_\_\_\_, *Mark J. Ross*, Insured Signature  
State of: OHIO

County of: WARREN \_\_\_\_\_, *Mark J. Ross*, Insured Signature  
County of: WARREN

Subscribed and sworn before me this 13<sup>th</sup> day of October, 20 21.

*Betty Sue McIntosh* Notary Public



BETTY SUE MCINTOSH  
Notary Public  
State of Ohio  
Commission Expires 8/5/2023